



**Interstate Commission for Adult Offender Supervision**

(Revised 2/4/08)

**TRANSFER REQUEST**

For all interstate transfers of supervision, a Transfer Request is required, along with required attachments per Rule 3.107

|   |   |   |  |
|---|---|---|--|
| <b>To:</b> Enter the 2 letter identifier for the state where this form will be sent   | <b>Date:</b> Enter date when this form is being prepared (05/14/2008)   | <b>Type of supervision:</b><br><input type="checkbox"/> Parole<br><input type="checkbox"/> Probation<br><input type="checkbox"/> Other: Identify the offender's status. If "other," explain | <b>Is this case:</b> Check any, if applicable<br><input type="checkbox"/> Victim sensitive<br><b>Is this offender required to register as a sex offender in:</b><br><input type="checkbox"/> Sending State<br><input type="checkbox"/> Receiving State |
| <b>From:</b> Enter the 2 letter identifier for the state where this form is sent from | <b>Phone #:</b> Enter 10-digit telephone number (999-999-9999) of the Interstate Compact office completing this request | <b>Fax #:</b> Enter 10-digit fax number (999-999-9999) of the Interstate Compact office completing this request   |  |

**OFFENDER INFORMATION**

|   |  |                               |   |  |
|---|--|-------------------------------|---|--|
| <b>Offender's full name (last, first, MI):</b><br>Enter name as it appears on court documents | <b>Offender number:</b> Enter the offender's identifying number(s)<br>Sending state #:                      Receiving state #: |                               |   |  |
| <b>AKA:</b> Enter all of the offender's known aliases   |  |                               |   |  |
| <b>SS#: (if available)</b><br>Enter social security # (999-99-9999)                           | <b>FBI#: (if available)</b><br>Enter Federal Bureau of Investigation identification #  | <b>Sex: :</b><br>Enter M or F | <b>Race:</b><br>Enter race of offender (White, Black, Asian, American Indian) | <b>DOB:</b><br>Enter the offender's date of birth (05/14/2008) |

**OFFENSE INFORMATION**

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Felony Check the appropriate box(es) for the type of offenses for which the offender is under supervision<br><input type="checkbox"/> Misdemeanor<br><input type="checkbox"/> Deferred | <b>County of Conviction:</b><br>Enter the county in which the offender was sentenced   | <b>Case number:</b><br>Enter the identifying case number associated with the offenses for which the offender is convicted |
| <b>Instant offense:</b><br>List, without using local abbreviations, the exact name(s) of the offenses for which the offender is under supervision   | <b>Instant offense reduced from:</b><br>List the name of the original criminal offenses the offender was charged with which were reduced to a lesser offense |   |
| <b>Date sentenced:</b><br><b>Beginning supervision date:</b><br><b>Termination of supervision date:</b> Enter the exact date  | <b>Proposed Institutional release date:</b><br>Projected release date<br><b>Offender institution number:</b> if incarcerated                                 |   |

\* Resident of receiving state – a person who (1) has continuously inhabited a state for at least one year prior to the commission of the offense for which the offender is under supervision, (2) with the intent that such state shall be the person's principal place of residence and (3) who has not, unless incarcerated, relocated to another state or states for a continuous period of six months or more with the intent to establish a new principal place of residence.

\*\* Resident family – a parent, grandparent, aunt, uncle, adult child, adult sibling, spouse, legal guardian, or step-parent who-1) has resided in the receiving state for 180 days or longer; and 2) indicates willingness and ability to assist the offender as specified in the plan of supervision.

|   |  |
|---|--|
| the receiving state is to termination supervision, if known; OR<br>the maximum supervision termination date   | Supervision period: total time offender is<br>subject to supervision   |
| Special Conditions: Check whether<br>special conditions were imposed as<br>part of the offender's sentence<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No   | List Special Conditions:<br>List each special condition imposed on the offender                                      |
| <b>REASONS FOR TRANSFER</b><br>Choose from one of the six reasons for transfer. See Rules 3.101 & 3.101-1 & 3.101-2 for transfer criteria   |  |
| <b>MANDATORY</b>  |  |
| <input type="checkbox"/> 1. Resident of receiving state* within the meaning of the Compact.<br>See Compact definition of "Resident"   | <input type="checkbox"/> Verified By: Name of<br>officer who verified information & date<br>of verification<br>Date: |
| <input type="checkbox"/> 2. Resident family AND Employment or Means of Support. See<br>Compact definition of "Resident Family"<br>Family member name:<br>Relationship: as defined in definition of "resident family"<br>Address: complete address of family member; include number,<br>street, apt #, city, state & zip<br>Phone number: Enter 10-digit telephone number (999-999-9999)<br>of the Family member | <input type="checkbox"/> Verified By:<br>Date:   |
| <input type="checkbox"/> 3. Military member. Offender must be deployed to another state by<br>the military  | <input type="checkbox"/> Verified By:<br>Date:   |
| <input type="checkbox"/> 4. Live with family who are military members Offender must live with<br>the active military family (deployed by the military to another state) in the<br>sending state and continue to reside with them in the receiving state   | <input type="checkbox"/> Verified By:<br>Date:   |
| <input type="checkbox"/> 5. Employment transfer of family member to another state.<br>Offender must live with the family member in the sending state and continue to<br>reside with them in the receiving state. The transfer must be made by the<br>family member's full-time employer   | <input type="checkbox"/> Verified By:<br>Date:   |
| <b>DISCRETIONARY</b>  |  |
| <input type="checkbox"/> 6. Explain: This reason should be checked if the offender does not meet<br>mandatory criteria above. Explain in detail the discretionary reason for transfer   | <input type="checkbox"/> Verified By:<br>Date:   |
| <b>JUSTIFICATION FOR TRANSFER (Mandatory)</b>   |  |
| This section is required regardless of reason. This section should explain in detail why and how the offender<br>would be more successful being under supervisory authority of the receiving state  |  |
| <b>CURRENT RESIDENCE / LOCATION</b>   |  |
| This section is to be completed to verify where the offender is located at the time the Transfer Request is completed   |  |
| Which State is the offender currently in:<br><input type="checkbox"/> Sending State / <input type="checkbox"/> Receiving State  |  |
| If in the Sending State, is offender's current location prison or other institution?<br><input type="checkbox"/> Yes / <input type="checkbox"/> No  |  |
| If in the Receiving State, is the offender in Receiving State with approved Reporting Instructions?<br><input type="checkbox"/> Yes / <input type="checkbox"/> No*  |  |
| *If NO, order the return of this offender to the sending state in order to proceed with the transfer request process.   |  |
| <b>RECEIVING STATE RESIDENCE (Must be Verified)</b>   |  |
| Offender will reside - name and relationship:<br>, Name of person(s) offender will reside with<br>along with their relationship. Enter "self" if the offender   | Phone #:<br>Enter 10-digit telephone number (999-999-9999) of<br>the offender's proposed residence                   |

\* Resident of receiving state – a person who (1) has continuously inhabited a state for at least one year prior to the commission of the offense for which the offender is under supervision, (2) with the intent that such state shall be the person's principal place of residence and (3) who has not, unless incarcerated, relocated to another state or states for a continuous period of six months or more with the intent to establish a new principal place of residence.

\*\* Resident family – a parent, grandparent, aunt, uncle, adult child, adult sibling, spouse, legal guardian, or step-parent who-1) has resided in the receiving state for 180 days or longer; and 2) indicates willingness and ability to assist the offender as specified in the plan of supervision.

|   |       |   |      |
|---|-------|---|------|
| will live alone   |       |   |      |
| Address: <b>Complete address for the offender's proposed residence</b>  | City: | State:  | Zip: |
| Verified by: <b>Complete name and contact information for the officer verifying the offender's proposed residence</b> |       | Date: <b>Enter the date (05/14/2008) the residence information was verified</b> |      |

**EMPLOYMENT (Must be Verified)**

|  |       |  |      |  |
|--|-------|--|------|--|
| Offender's employment: <b>Name of the business offender will be employed by.</b>                                       |       |  |      |  |
| Employer's street address: <b>Complete address for the offender's proposed employment</b>                              | City: | State:   | Zip: | Telephone #: <b>Enter 10-digit telephone number (999-999-9999) of the offender's proposed employer</b> |
| Offender's employment supervisor: <b>Name of the offender's supervisor</b>   |       | Offender's job title: <b>Job title at proposed employment</b>                    |      |  |
| Verified by: <b>Complete name and contact information for the officer verifying the offender's proposed employment</b> |       | Date: <b>Enter the date (05/14/2008) the employment information was verified</b> |      |  |

**ATTACHMENTS**

Below check off the attachments to the Transfer Request included in the packet. All Mandatory attachments must be included for the packet to be complete. Any attachments in the "if available" and "sex offender" sections should be included if they are attainable by the sending state.

**Check all information that is attached to this form:**

**MANDATORY**

- Offender's criminal history
- Notice, if applicable, indicating supervision of offender is a victim sensitive matter
- Copy of signed *Offender's Application for Interstate Compact Transfer* form

- Photograph of offender
- Conditions of supervision
- Any orders restricting offender's contact with victim or other persons
- Any known orders protecting offender from contact with any other person
- Information about whether offender is subject to sex offender registry requirements in sending state with supporting documents

- Instant offense details including type and severity of crime.
- Judgment and commitment records
- Information relating to court-ordered financial obligations
- IF AVAILABLE**
- Pre-sentence investigation report
- Psychological evaluation
- Medical information
- Supervision history

**SEX OFFENDER**

- Assessment(s)
- Social History
- Information regarding sex offender's criminal sexual behavior
- Law enforcement report regarding details of sex offense
- Victim information
- Current/recommended supervision plan
- Current/recommended treatment plan

|   |   |   |  |
|---|---|---|--|
| Supervising Officer/Location: <b>Name/Office/Contact Information of Supervising Officer</b> | Date: <b>Date (05/14/2008) Officer completed form</b> | Compact Administrator/Designee: <b>Name/Office/Contact Information of Interstate Compact Office staff who processed this form</b> | Date: <b>Date (05/14/2008) Compact office processed form</b> |
|---|---|---|--|

\* Resident of receiving state – a person who (1) has continuously inhabited a state for at least one year prior to the commission of the offense for which the offender is under supervision, (2) with the intent that such state shall be the person's principal place of residence and (3) who has not, unless incarcerated, relocated to another state or states for a continuous period of six months or more with the intent to establish a new principal place of residence.

\*\* Resident family – a parent, grandparent, aunt, uncle, adult child, adult sibling, spouse, legal guardian, or step-parent who-1) has resided in the receiving state for 180 days or longer; and 2) indicates willingness and ability to assist the offender as specified in the plan of supervision.